PART B - FEE(S) TRANSMITTAL

€omplete and send	or <u>Fax</u>	P.C Ale (57	mmissioner for P). Box 1450 exandria, Virginia 1)-273-2885						
INSTRUCTIONS: This for appropriate. All furties coindicated unless correctly maintenance fee notificand	rm should be used for respondence including below or directed oth	or transmitting the ISSU g the Patent, advance or erwise in Block 1, by (a	JE FEE and PUBLIC ders and notification) specifying a new c	of n	ON FEE (if required naintenance fees will spondence address; an). Blocks 1 through 5 be mailed to the curren d/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for		
CURRENT CORRESPONDENCE			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
24998 7: DICKSTEIN SH 1825 EYE STREE Washington, DC 2		I he	Certifice reby certify that this Fees Postal Service with	cate of Mailing or Tran cc(s) Transmittal is bein sufficient postage for fi					
	•						(Depositor's name)		
							(Signature)		
		•					(Date)		
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVEN	NTOR	ATTORNEY DOCKET		CONFIRMATION NO.		
10/728,959	10/728,959 12/08/2003				11/30/200	58 1072893 ⁹²⁶			
TITLE OF INVENTION: A			01 FC:150 02 FC:150 03 FC:802	4	1440.09				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE FI	EE TOTAL FEE(S) DU	E DATE DUE		
nonprovisional	NO	\$1400 1440	\$300		\$0	\$1700 1740	11/30/2007		
EXAMIN	ER	ART UNIT	CLASS-SUBCLAS	S]	170			
BAYARD, EMMANUEL 2611		2611	375-222000						
1. Change of correspondent CFR 1.363). Change of correspon Address form PTO/SB/I "Fee Address" indict PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
Ricoh Comp	any, Ltd.		Tokyo, Jap	an					
Please check the appropria	te assignce category or	categories (will not be p	rinted on the patent):		Individual 💢 Corp	oration or other private g	roup entity Government		
4a. The following fec(s) an Solution	tb. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1073 (enclose an extra copy of this form).								
5. Change in Entity Statu	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requords of the United Sta	uired) will not be accepte ites Patent and Trademarl	ed from anyone other k Office.	than	the applicant; a registe	red attorney or agent; or	the assignee or other party in		
Authorized Signature	····		Date NOV	. 29, 2007					
Typed or printed name	·		Registration No.						
This collection of informat an application. Confidentis submitting the completed this form and/or suggestio Box 1450, Alexandria, Vis Alexandria, Virginia 2231. Under the Paperwork Redu	J-14JU,						nd by the USPTO to process) ling gathering, preparing, and time you require to complete partment of Commerce, P.O. er for Patents, P.O. Box 1450, ol number.		

November 29, 2007

Date

PTO/SB/17 (06-07) Approved for use through 06/30/2007. OMB 0651-0032

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Fees pursuant to the Conso	ective on 12/08/2004 lidated Appropriatio		Application Nu	mber	10/728,959-Conf. #9026						
FEE TR	MZNAS	ITTAI	Filing Date		December 8, 2003						
			First Named In	ventor	Tadanori Ryu						
FO	<u>r FY 200</u>	<u> </u>	Examiner Name)	E. Bayard						
Applicant claims s	mall entity status.	See 37 CFR 1.27	Art Unit		2611						
TOTAL AMOUNT OF F	PAYMENT	(\$) 1746.00	Attorney Docke	No.	R2184.0066/	P066-A					
METHOD OF PAYM	ENT (check all t	hat apply)									
Check x Cred	it Card N	Money Order No	ne Other	(please ide	ntify):						
X Deposit Account											
		account, the Director i		ed to: (che	eck all that apply						
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x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Charge fee(s) indicated below, except for the filing fee											
FEE CALCULATION		and 1.17									
1. BASIC FILING, SEAF		MINIATION EEES	 .								
I. BASIC FILING, SEAF			ARCH FEES	FXAM	INATION FEE	S					
		Small Entity	Small Entity		Small Entity						
Application Type	<u>Fee (\$)</u>	Fee (\$) Fee (Fee (\$		<u>Fees P</u>	Paid (\$)				
Utility	300	150 500	250	200	100						
Design	200	100 100	50	130	65						
Plant	200	100 300	150	160	80						
Reissue	300	150: 500	250	600	300						
Provisional	200	100 0	0	0	0 .						
2. EXCESS CLAIM FEE	S		•			:	Small Entity				
Fee Description						Fee (\$)	<u>Fee (\$)</u>				
Each claim over 20 (inc	luding Reissues)				50	25				
Each independent claim	over 3 (includir	g Reissues)				200	100				
Multiple dependent clai	ms					360	180				
Total Claims Ex	tra Claims F	ee (\$) Fee	Paid (\$) Multiple De			endent Claims					
- 20 ≃	x	=		<u> </u>	ee (\$)	Fee Paid (\$	1				
HP = highest number of tota	I claims paid for, if g	reater than 20.					_				
		Fee (\$)	Paid (\$)								
- 3 = HP = highest number of inde	ependent claims paid										
3. APPLICATION SIZE	FEE										
If the specification and		d 100 sheets of paper	(excluding elect	ronically	filed sequence of	or computer					
		application size fee d			entity) for each	additional 50)				
sheets or fraction th	ereof. See 35 U	.S.C. 41(a)(1)(G) and									
Total Sheets	Extra Sheets		additional 50 or fra			Fee F	Paid (\$)				
- 100 =		/50 =	_ (round up to a wh	ole number) ×	. =					
4. OTHER FEE(S)	Fees	<u> Paid (\$)</u>									
Non-English Specifi	cation, \$130 fe	e (no small entity disc	count)			4 4	40.00				
Other (e.g., late filing	1,440.00 300.00										
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		001 Printed copy of		·							
SUBMITTED BY	n/M	, 	Registration No.			48.85					
Signature	149		(Attorney/Agent)	33,082	Telephone	(202) 420)-4742				

Name (Print/Type)

Mark J. Thronson